

State of Hawaii  
Department of Transportation  
Statewide Transportation Planning Office

**Federal Transit Administration (FTA) Section 5310  
Site Inspection Checklist**

**I. INSPECTION INFORMATION**

Date/Time of Inspection: _____	Inspection Personnel:
Date of Last Inspection: _____	<input type="checkbox"/> Ryan Fujii
	<input type="checkbox"/> Tad Nakayama
	<input type="checkbox"/> Gregg Matsushima

**II. SUB-RECIPIENT**

Agency Name: _____	Agency Site Inspection Personnel:
Address: _____	1. Name: _____
Telephone No: _____	Position Title: _____
Fax No: _____	Telephone No: _____
E-Mail: _____	E-Mail: _____
	2. Name: _____
	Position Title: _____
	Telephone No: _____
	E-Mail: _____

**SIGNATURE OF SUB-RECIPIENT**

I hereby certify that the information contained in this form and attachments is true and correct.

_____ Signature	_____ Date
_____ Print Name	_____ Title and Position

**III. TYPE OF SERVICE PROVIDED**

<input type="checkbox"/> Shuttle	<input type="checkbox"/> Subscription	<input type="checkbox"/> _____
<input type="checkbox"/> Fixed Route	<input type="checkbox"/> Demand Responsive	

A. Describe the transportation services:

\_\_\_\_\_  
\_\_\_\_\_

B. Describe the agency program, if different for transportation services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. TRANSPORTATION SERVICE**

A. Does the agency have a transportation service policy? If "yes", attach a copy. If "no", describe. ☐ Y ☐ N

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Does the agency allow adequate time for transit vehicle boarding and disembarking? ☐ Y ☐ N

If "yes", describe procedures for both disabled and non-disabled persons. If "no", cite reasons.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Does the agency provide transportation services that are incidental? ☐ Y ☐ N

If "yes", provide documentation of incidental use and not affecting primary service.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- D. Does the agency have a non-discriminatory transportation service policy? ☐ Y ☐ N  
And, does the policy include allowances for service animals, oxygen tanks, and personal care attendants? ☐ Y ☐ N

---

---

---

- E. Does the agency provide incidental charter bus (paid/contract) service? If "yes", describe service. ☐ Y ☐ N

---

---

---

- F. Has the agency received any transportation service complaints since the last inspection? If "yes", describe and provide documents of the complaint and the agency's course of action. ☐ Y ☐ N

---

---

---

- G. Does the agency provide incidental school bus service? If "yes", describe service. ☐ Y ☐ N

---

---

---

## V. MARKETING

- A. Does the agency market its services to the general public? If "yes", identify marketing strategies. ☐ Y ☐ N

---

---

---

- B. Does the agency have a policy on marketing transportation services? ☐ Y ☐ N  
If "yes", attach policy and describe how transportation services are marketed.

---

---

---

- C. Does the agency use accessible formats and technologies to market its programs? ☐ Y ☐ N  
If "yes", provide evidence. If "no", cite reason(s).

---

---

---

## VI. FLEET INFORMATION (Attach additional sheets as necessary.)

- A. Identify Section 5310 vehicles.

	License #	Year	Make	Model	Type	Weight	# Passengers	VIN #
1								
2								
3								
4								
5								
6								

- B. Identify other vehicles in fleet.

	License #	Year	Make	Model	Type	Weight	# Passengers	VIN #
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

## VII. COMMERCIAL DRIVERS LICENSE (CDL)

- A. Does the agency require transportation service employees to possess a CDL? ☐ Y ☐ N  
If "yes", identify the number of employees that have CDL's.
- B. Does the agency conduct random drug and alcohol testing? ☐ Y ☐ N

## VIII. MAINTENANCE

- A. Does the agency have a vehicle maintenance policy? If "yes", provide copy of maintenance policy. If "no", cite reason(s). ☐ Y ☐ N  
\_\_\_\_\_  
\_\_\_\_\_
- B. Does the agency have a vehicle **regular maintenance** policy where vehicles are serviced based on the manufacturer's recommended service schedule of your FTA-funded vehicle(s)? If "yes", provide a copy of policy and describe the work performed in the last 12 months with documentation. If "no", explain. ☐ Y ☐ N  
\_\_\_\_\_  
\_\_\_\_\_
- C. Does the agency have a vehicle **preventive maintenance** policy where vehicles are serviced on a periodic basis to prevent breakdown and preserve the service life of FTA funded vehicle(s)? If "yes", provide a copy of policy and describe the work performed in the last 12 months with documentation. If "no", explain. ☐ Y ☐ N  
\_\_\_\_\_  
\_\_\_\_\_
- D. Does the agency have a vehicle **"Pre-Trip" and "Post-Trip"** reporting policy? If "yes", provide a copy of policy and describe the work performed in the last 12 months with documentation. If "no", explain. ☐ Y ☐ N  
\_\_\_\_\_  
\_\_\_\_\_
- E. Does the agency have a vehicle **unscheduled maintenance** policy where repairs are made on an as needed basis? If "yes", provide a copy of policy and describe the work performed in the last 12 months with documentation. If "no", explain. ☐ Y ☐ N  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## IX. VEHICLE DAMAGES AND COLLISION REPORTING

- A. Does the agency have a policy for reporting vehicle damages, including collisions? If "yes", attach vehicle accident policy. If "no", cite reason(s). ☐ Y ☐ N  
\_\_\_\_\_  
\_\_\_\_\_
- B. Have any of the 5310 vehicles or equipment sustained any damage in the last 12 months? If "yes", describe each damage in detail and attach copies of damage report(s). ☐ Y ☐ N  
\_\_\_\_\_  
\_\_\_\_\_
- C. Have any of the 5310 vehicles been involved in a collision in the last 12 months? If "yes", describe collision in detail and attach copies of accident report(s). ☐ Y ☐ N  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## X. AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) COMPLIANCE

- A. Does the agency have a policy relating to ADA transportation service provisions? If "yes", provide copy of policy. If "no", cite reason(s). ☐ Y ☐ N  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B. Are the FTA funded ADA equipment part of the agency's vehicle regular, preventive, and pre/post trip maintenance programs? If "yes", provide copies. If "no", cite reason(s). ☐ Y ☐ N

---

---

- C. Is each driver trained to use wheelchair lifts, securement devices, and other accessible equipment? If "yes", provide evidence of training or certification. If "no", cite reason(s). ☐ Y ☐ N

---

---

---

---

---

**XI. FINANCIAL ASSURANCE**

- A. Provide the agency's annual revenue and operational costs, and describe the agency's funding sources.

---

---

- B. Identify how much was spent on the agency's transportation program in the last 12 months:

1. Facilities (such as: baseyard, agency, parking lot, etc.; identify if expansion or repair)

---

---

2. Transportation Personnel Costs (salary and overhead)

---

---

3. Vehicles (such as: gas, tires, repairs, maintenance, insurance, etc.; identify if expansion or replacement)

---

---

- C. Provide assurance of the agency's financial capabilities for the long term.

---

---

---

---

---

**XII. MANAGEMENT ASSURANCE**

- A. Describe the agency's management structure and include organizational chart.

---

---

- B. Describe the agency's management program (meetings, training, etc.) and changes that have occurred in the last 12 months.

---

---

- C. Provide assurance of the agency's managerial capabilities in providing for an effective and efficient operation and transportation service for the long term.

---

---

- D. Provide assurance of the agency's access to legal support.

---

---

---

---

---

**XIII. STP OFFICE USE**

- A. Comments:

---

---

- B. Follow-Up Items:

---

---